

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | 18) | 75331 | |
| O.I.P.E. CLASSIFIER | 14 | | 9-30-99 |
| FORMALITY REVIEW | 1A | 13390 | 10/15/99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
| Final Original | 18 |
| 1 1 | 2 |
| 2 2 | 1 |
| 3 3 | 0 |
| 4 4 | 0 |
| 5 5 | 1 |
| 6 6 | 1 |
| 7 7 | 0 |
| 8 8 | 1 |
| 9 9 | 0 |
| 10 10 | 0 |
| 11 11 | 0 |
| 12 12 | 0 |
| 13 13 | 1 |
| 14 14 | 1 |
| 15 15 | 1 |
| 16 16 | 1 |
| 17 17 | 0 |
| 18 18 | 0 |
| 19 19 | 0 |
| 20 20 | 0 |
| 21 21 | 0 |
| 22 22 | 0 |
| 23 23 | 1 |
| 24 24 | 0 |
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| Claim | Date |
|----------------|------|
| Final Original | 51 |
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| Claim | Date |
|----------------|------|
| Final Original | 110 |
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If more than 150 claims or 10 actions
staple additional sheet here

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